



Complaint Record

Instructions: You must record complaints received pertaining to the organic integrity of your products.

DO NOT return this form with your application.

INITIATOR OF COMPLAINT:	DATE:
ADDRESS:	PHONE #:
CITY, STATE, ZIP:	
NATURE OF COMPLAINT:	
ACTIONS TAKEN:	DATE:

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Make copies of this form as necessary. Please have a complaint file available at the time of inspection.